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Summary of mid-term reviews and major evaluations of country programmes

Eastern and Southern Africa region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in the present report were conducted during 2002.

Introduction

1. The present report includes one mid-term review (MTR) for Zimbabwe; one country programme evaluation for Somalia; nine sectoral programme evaluations for Madagascar, Mozambique, Uganda and Zimbabwe; and two multi-country evaluations in the Eastern and Southern Africa region. The Zimbabwe MTR reports on a country severely affected by HIV/AIDS and deteriorating rapidly due to economic and political tensions. The Somalia country programme evaluation reports on a programme transitioning from emergency response to sustainable development under complex and varied local situations, and with emergency preparedness as an underlying theme.

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2. The nine sectoral programme evaluations summarized in this report address numerous children's rights, mainly in the areas of health, health information and education. HIV/AIDS and girls' education are medium-term strategic plan priorities. The regional synthesis report on the evaluation of life skills education in seven countries is of special note because the methodology accessed hitherto hidden values, ideas, attitudes and behaviour of children around issues of sexuality and relationships with each other as well as with adults. The regional review of life skills educational materials from 12 countries was a unique effort to provide an objective checklist for evaluating the quality of materials used in educational efforts.

Country mid-term review

Zimbabwe

3. **The situation of children and women**. The August 2002 national census estimates the population at 11.6 million. Data from a number of sources and recent surveys suggest that the post-independence gains made in child survival, development and protection are reversing, with a sharp deterioration of the situation of children. Between 1999 and 2002, the infant mortality rate (IMR) rose from 65 to 76 per 1,000 live births in 2002, the under-five mortality rate (U5MR) from 102 to 123 per 1,000 live births and the maternal mortality ratio (MMR) from 283 to 695 per 100,000 live births. AIDS-related deaths, officially estimated at more than 2,500 per week, continue to distort demographic trends. Life expectancy declined from a high of 61 years in the early 1990s to 43 years in 2001, and is expected to decline further to 35 years by 2010.

4. The impact of HIV/AIDS has been catastrophic. Nearly 2.3 million people, including 240,000 children, are infected with HIV. Antenatal sero-prevalence remains at about 35 per cent, with 12 per cent of children born infected. AIDS has orphaned nearly 780,000 children, and the number is likely to rise to 1.0 million by 2005. The disproportionate effect of HIV on girls and women poses further risks in a society where women and girls are already bearing the major burden of the epidemic. Malnutrition (under weight) in children between 6-59 months of age increased from 14 to 17 per cent between 1999 and 2003. Although wasting has stagnated at 5 per cent and stunting at 27 per cent, the emergence of severe forms of protein-energy malnutrition suggests serious nutritional consequences among children. Other studies have suggested that orphans are more vulnerable and have higher levels of malnutrition. During the last four years, Zimbabwe has emerged from being a regional food surplus country to a net food importer. Agricultural production shrunk by 12.9 per cent in 2001, and a further 20.8 per cent in 2002. Food insecurity, which affected 6.7 million people in early 2002, increased to 7.2 million in mid-2002. Increased vulnerability has greatly eroded the productivity, caring and coping capacities of families, communities and even national institutions, making recovery very fragile.

5. Inadequate foreign currency, an unprecedented attrition of the labour force, frequent labour strikes and the HIV/AIDS epidemic have made the country rely on UNICEF and the World Health Organization (WHO) for essential drugs, including vaccines, after achieving 100 per cent vaccine independence in 1996. The economic and social crisis has had its impact on basic education as well. Primary education

completion rates have declined from 83 per cent in 1990 to 75 per cent in 2000. Drop-out rates are higher among girls than boys.

6. Political and social tensions, underpinned by a contentious land reform programme, political polarization, donor sanctions and an absence of dialogue, have resulted in a crisis, with questions raised about issues of governance and human rights abuses. Unprecedented economic recession in southern Africa's second biggest economy (contracted by 35 per cent in three years) led to inflation skyrocketing to 300 per cent. It is projected to rise to 1,000 per cent by the end of 2003. Shortages of food and essential commodities, suspension of Zimbabwe by the International Monetary Fund and World Bank for their lending programmes, and falling standards of living have put women and children at great risk. The eroded capacity of families and communities due to rising poverty, death and illness, coupled with negative cultural practices, has led to increasing morbidity, mortality and malnutrition, and lower life expectancy. Girls are increasingly vulnerable due to a rise in child abuse, destitution, street children and prostitution. All of these have vicious implications and will adversely affect the ability of the country to recover from the current humanitarian crisis.

7. **Achievements and constraints**. UNICEF assistance had a positive impact in terms of process and output despite the constraints and challenges posed by the deteriorating macro-environment. There were limited achievements owing partly to the concerted efforts of national counterparts, United Nations agencies, non-governmental organizations (NGOs), civil society organizations, community-based organizations (CBOs) and faith-based organizations, as well as financial support from various donors, including Belgium, Canada (Canadian International Development Agency and Micronutrient Initiative), Denmark, Italy, Ireland, the Netherlands, New Zealand, Norway, Sweden, the United Kingdom, the United States (Centers for Disease Control and Prevention and United States Agency for International Development), the United Nations Foundation and several National Committees for UNICEF.

8. **Girls' education** has been made a key component of the National Education for All policy, with the training of policy makers, the establishment of a core team of trainers at district and national levels, and learning assessment tools for measuring quality, equity and relevance in place. Emergency education following cyclone *Eline* helped to rehabilitate 500 schools, benefiting nearly 500,000 children. A survey of the satellite schools created following the land reforms showed that children in these schools had major needs in terms of food and learning materials, which were unmet and led to drop out and the need for specific interventions. A five-year HIV/AIDS strategic plan for education was developed, and 5,000 education officers and primary school teachers were trained in life skills and peer education. Studies on the *Impact of HIV/AIDS on the education sector in Zimbabwe and Gender, HIV/AIDS and sexuality among young people* have helped in the development of the strategy for curriculum reform and future interventions during the remainder of the current programme. In the area of early childhood education and care (ECEC), training in child abuse prevention, a desk review on policy, and the development of syllabuses for ECEC teachers, with pilot testing in one district, resulted in decisions for scaling up. This included an increase in the remuneration of ECEC teachers.

9. In **early childhood development (ECD)**, UNICEF coordinated the multisectoral working groups, including United Nations agencies, the Government and NGOs, which aimed to ensure that the core corporate commitments during the humanitarian crisis were included in the plans. Staff was seconded to the Nutrition and Expanded Programme on Immunization (EPI) units of the Ministry of Health and Child Welfare. In addition, the capacity of the UNICEF country office was enhanced through support from the regional office. More than 200,000 young children received supplementary feeding, nearly 30,000 malnourished and vulnerable children received therapeutic feeding, and 50,000 children received impregnated bednets to prevent malaria. Water treatment tablets, disinfectants to cover a population of 46,000, and the construction of 850 latrines and 161 boreholes were also provided to the population made vulnerable by the humanitarian crisis. The Integrated Management of Childhood Illnesses was introduced in four focus districts, community action plans were developed and 56 provincial facilitators were trained in the care of sick children. Salt iodization and the elimination of vitamin A deficiency were sustained during the period.

10. Under **immunization plus**, UNICEF, in collaboration with WHO, supported the Government to achieve a national measles immunization level of 85 per cent and vitamin A capsule distribution of 78 per cent during the National Immunization Days in 2002. UNICEF assistance to EPI was critical for reviving the weakening EPI delivery system through the provision of vaccines and cold-chain supplies, including gas for refrigerators, and the training of health workers. Jointly with WHO, technical and financial support was provided for an EPI review, the development of proposals for the Global Alliance for Vaccines and Immunization and the Global Fund for Tuberculosis, AIDS and Malaria. Zimbabwe attained certification for polio eradication. With falling levels of State funding for EPI, the country faces a major challenge in sustaining the gains achieved to date.

11. In **fighting HIV/AIDS**, UNICEF provided critical inputs in the development of a National HIV/AIDS policy and strategy. A visit to Uganda by the provincial governors helped the country leadership in key provinces to understand the importance of a multisectoral approach to fighting the epidemic. UNICEF has played a major role in popularizing counselling, with the training of over 15,000 counsellors at the community level, who motivate an average of 900,000 individuals every year to get tested. Programme audits suggest that communities serviced by such counsellors showed increased openness to HIV/AIDS issues and reducing stigma. The first prevention of mother-to-child transmission (PMTCT) project at four sites was supported and tested, with UNICEF support. This led to a major policy decision and guidelines for expansion and allowing NGOs to provide PMTCT services. To date, other gains from UNICEF input include the establishment of 153 PMTCT sites in the country, the development of a PMTCT training manual and site protocol, the training of nurses and the development of a forum for PMTCT partners. Major challenges continue in the following areas: lower participation rates of spouses; inadequate community-level support mechanisms; lack of low-cost infant feeding alternatives to breastfeeding; and inadequate treatment of opportunistic infections.

12. In **protecting children from violence, abuse, exploitation and discrimination**, UNICEF supported improving the legal and policy framework for the protection of children. This resulted in the adoption of the Child Protection Act and the Sexual Offences Act, and the formation of a parliamentary committee to

deal with issues of vulnerable children, including a child-friendly budget. UNICEF, in partnership with government counterparts, the World Food Programme, the Office of the United Nations High Commissioner for Refugees, the Child Protection Society and several NGOs, launched a "zero tolerance for child abuse" campaign. The campaign focused on sexual abuse, and supported the training of over 10,000 humanitarian workers and sensitized nearly 5,000 schoolteachers on the prevention of child abuse. Plans of action were developed on orphans and vulnerable children following a major regional conference in Windhoek, Namibia. Other highlights included a focus on improving the birth registration system through a campaign to commemorate the Day of the African Child and establishment of a task force. Implementing the plan and monitoring it at various levels will be a major task.

13. **Assessment of programme strategies: lessons learned**. The severe economic downturn has reduced real budgetary allocations to the MTSP priorities and, coupled with the attrition caused by HIV/AIDS and emigration, has severely reduced human resources. Although national policies, strategies and legal frameworks are generally friendly to children and women, there is a wide gap between these policies and their implementation and monitoring. This is especially true in the areas of HIV/AIDS, orphans and vulnerable children, primary education, ECD, water and sanitation, the prevention of child abuse and birth registration. While Zimbabwe has ratified the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, incorporation of these provisions into national and municipal laws is not yet complete, and reporting has lagged behind.

14. A specific achievement in the context of the UNICEF-supported programme was the decision by the Government of Zimbabwe to adopt a human rights-based approach to programming with a focus on community capacity development, thus underpinning programme delivery to vulnerable groups. While this strategy has been successful, a major challenge is to take these interventions to scale and provide the necessary resources in terms of facilitators (human resources), finances and institutional capacity for sustaining them. The MTR found that the country programme goals and strategies were still relevant and called for integrating the emergency response for the humanitarian crisis into the programme strategy. The MTR also recommended the development of sub-strategies to ensure a larger-scale response to the HIV/AIDS pandemic and the orphan crisis that underpins all developmental sectors in the country. These will be addressed as part of the UNICEF programme for the remainder of the programme period and as a part of the UNICEF contribution to the Common Country Assessment and United Nations Development Assistance Framework under preparation.

15. A major lesson learned was that districts that had undergone a complete "triple A" process of assessment, analysis and action using the human rights-based approach to programming were able to address the MTSP priorities, utilize funds from the National AIDS Council and cope better with the humanitarian crisis than those which had not been selected for the process. The process included all stakeholders in the community, thus providing for harnessing the potential of communities to address issues locally. This was demonstrated especially in the higher intake of the PMTCT services by women whose spouses were involved in the pilot project. UNICEF should to try and stimulate discussion at various levels to address issues of confidentiality, promotion and availability of condoms, the right of women and spouses to know about the HIV status of their partners, and the

registration of orphans for improved service delivery to vulnerable children and their families.

16. **Country programme management plan (CPMP).** The working team which reviewed the office structure in light of the MTR conclusions recommended changes to the CPMP for the second half of the country programme. First, the emergency response needs to be fully integrated into the country programme and focus attention on a few strategic areas for results, particularly in the areas of HIV/AIDS and orphans. The rights planning and advocacy programme has now been incorporated into two new programmes — HIV/AIDS, and youth development and child protection — in the programme cluster. The monitoring, evaluation and research unit is moved from the programme cluster to report directly to the representative. In order to respond adequately to the rapidly changing programme environment, additional human resources with specific skills and competencies were added to the country office structure. The programme structure, headed by experienced international Professionals, comprises four resource units: (a) child protection; (b) child learning and life skills; (c) health, nutrition and environment; and (d) HIV/AIDS and youth development. The number of staff in the office will increase from 49 to 63 to provide the additional human resources needed for implementing this complex programme, thus ensuring that there is a better balance between national and international Professionals.

Major country programme evaluation

Somalia

17. To provide a basis for the development of the 2004-2008 country programme of cooperation, the UNICEF Somalia country office commissioned three external evaluators to undertake a comprehensive evaluation of interventions covering the period 1999-2002. The methodology for the country programme evaluation included a review of programme sectors, desk reviews, field visits, interviews with stakeholders, a dissemination workshop for stakeholder feedback and a programme management workshop. The dissemination workshop brought together 38 UNICEF Somalia staff, five resource persons (former or current UNICEF officers), partners from the Somalia Aid Coordination Body, four NGOs, five other United Nations agencies and three donors. The workshop participants reviewed the findings, offered suggestions and comments, and discussed the way forward. The participants in the programme management workshop in general endorsed the recommendations of the evaluation, while offering additional commentary and recommendations.

18. For the period under review, given Somalia's fluid and complex context, the UNICEF programming approach included both emergency preparedness/response and sustainable development. Core sectoral programmes in health, nutrition, basic education and water were enhanced by cross-sectoral projects and functions, including emergency preparedness, monitoring and evaluation, programme communication and social mobilization. New projects during the period included HIV/AIDS awareness, the eradication of female genital mutilation, providing youth with alternatives to war and gender rights.

19. The objective of the evaluation was to provide a holistic picture of the strengths and weaknesses of the UNICEF country programme of cooperation in

Somalia given the difficult situation. It was also to determine what more and in what way could the UNICEF country programme bring about internal changes to enhance its impact, especially on the lives of the vulnerable groups of children and women in the country.

20. Among the major strengths, UNICEF Somalia is the only international agency that has been able to operationalize and implement a variety of programmes and projects throughout insecure, complex and changing situations in the three diverse zones of Somaliland, Puntland, and southern and central Somalia. The programme is notable for its successful adaptation of implementation strategies and choice of partnerships to suit different contexts and situations across the three zones. It has deepened its systematic coverage of its four core programme areas while maintaining community-level service delivery.

21. The programme's focus on sustainability is addressed through training, implementation with multiple partners, system rehabilitation processes (for example, strengthening human resources), revenue generation and cost-sharing, the design of information systems and setting quality standards. UNICEF Somalia has effectively and strategically marshalled the best available resources across the country, creating a base for further development under more stable conditions. The programme mix is highly relevant to a context where water is scarce, malnutrition is widespread, and health and education indicators are extremely low. The UNICEF operational strategy to reduce the risk of harm and balance different interest groups has been very effective. UNICEF has successfully understood socio-political nuances and effectively reached communities without distortions or negative consequences. A final area of strength is the programme's efficiency in ensuring both the reach and spread of its supply chains and human resources in spite of a high-cost environment that includes long distances, challenging logistics and insecurity.

22. The evaluation also disclosed certain weaknesses that have limited programme impact. Programme coverage is uneven in scope as well as between different programme components, due partly to weaker programme development of certain components (e.g. software-oriented interventions) and partly to different components being initiated at different times. Over time, this unevenness may be reduced and impact increased. The monitoring of outcomes for education and nutrition is regular, but other programmes and projects are often too narrow and sectoral, and focused more on outputs at the expense of outcomes and impact. Moreover, although total programme coverage is wide, different programmes address different cohorts of women and children. Thus, potential cross-sectoral synergies are unrealized, and potential economies of sharing operational and outreach costs are lost. Impact is limited since a single programme cannot address the reality of complex causal interrelationships (for example, between poverty, illiteracy and poor health).

23. There are rising inequalities in Somali society that need to be addressed through explicit targeting of the most vulnerable groups within the framework of universal coverage. The programme needs to build sustained links with specific cohorts of these vulnerable population groups. Although mainstreaming of gender is occurring at the country programme planning level, UNICEF needs to go beyond collecting disaggregated data to fully analysing data from a gender perspective. Practical implementation of gender mainstreaming is also lacking. UNICEF could

also broaden its coalition by building activities to include women's groups and supporting the formation of grass-roots women's groups.

24. A major issue is that communication, social mobilization and behavioural change interventions are not sustained at the community level, thus limiting their impact. Activities that have focused on more sustained interventions, such as EPI mobilization, have met with more success.

25. Broad areas of concern underlying the evaluation's specific recommendations include the development of micro-level models for managing different social services, the need for strengthening the quality of institutional structures and human resources to deliver services, the need to reach vulnerable groups and communities, and the need for gender mainstreaming and realizing the rights of women. The effectiveness of different programme components has varied because of implementation of partial programme visions and operational difficulties. UNICEF needs to develop a medium of community facilitators to provide a continual link between communities and all UNICEF programmes. Cost-sharing strategies need to be balanced with access to vulnerable groups and with the need to invest in more comprehensive training and human resources development.

26. Finally, there are programme needs and development possibilities in the areas of child protection, ECD, hygiene education, women's rights, HIV/AIDS awareness and alternative education for out-of-school children. Above all, there is a need for interlinked implementation of all programmes for the same groups of vulnerable women and children in specific locations.

27. This comprehensive and participatory evaluation provided a solid base for the preparation of the draft 2004-2008 country programme of cooperation, which was presented to the Executive Board at its annual session in June 2003 (E/ICEF/2003/P/L.4). Lessons learned from the evaluation contributed to the development of cross-cutting strategies for the establishment and development of social services and other facilities; the capacity development of human resources, institutions and communities; the incorporation of awareness-raising and advocacy for rights; the focus on enhancing the reach to disadvantaged and marginalized groups; and the adoption of an integrated community-based approach to programming.

Major sectoral programme evaluations

Madagascar

28. **Impact evaluation of a project to train motivators and educators.** The Committee for Training of Motivators/Educators, based in Antananarivo and funded by UNICEF, provides training for teachers of children and youth in difficult situations. This evaluation measured the impact of this training to determine whether the contents and organization were appropriate to meet the needs and objectives of the motivators and their employers. The methodology employed interviews using a structured questionnaire. Overall, the training was said to be practical and applicable. Animators learned more participatory and creative approaches for teaching, became sensitized to the rights of children and to refrain from the use of corporal punishment, developed an understanding of child psychology and child

development, learned to be better organized, and learned to draw on a variety of teaching techniques. Participants felt that they had developed professionally and gained more self-confidence. They were able to cite concrete examples of new initiatives and approaches that they applied as a result of their training.

29. **Evaluation of AIDS prevention activities in schools in Toamasina Province.** This evaluation investigated the use and effects of workbooks, teaching guides and AIDS clubs. Methodologies included questionnaires and focus groups for students, teachers, AIDS club members and non-members. While the teaching guides were found to be very useful, only 44 per cent of teachers received them, and many had not been trained in their use. Very few students used the workbooks because teachers were not trained in theirs use and the content was found to be difficult. Only 10 per cent of the AIDS clubs are still functioning due to organizational and support problems. More than 90 per cent of students, both in and out of clubs, know about HIV/AIDS, but symptoms are not well known, especially by non-club members. More than 60 per cent of club and non-club members knew at least two modes of transmission, but only 42 per cent could cite two prevention methods. Club members were less likely to have a girlfriend or boyfriend, more likely to start sexual relations later and more likely to have only one partner. Evaluation recommendations included starting reproductive health and sexuality education early in primary school, especially in high prevalence areas; reassessing the workbook; formulating club aims, by-laws, etc.; emphasizing interpersonal communication rather than mass approaches; providing information, education and communication materials; and regularly supervising and monitoring the clubs.

Mozambique

30. **Evaluation of a schoolchildren's newspaper project.** The School of Journalism undertook an evaluation of the UNICEF communication for behavioural change project within the child rights mobilization and protection programme. Based in schools in Maputo, the project involves the creation of a network of children's newspapers. Through these newspapers, the project aims to expand knowledge about HIV/AIDS prevention among students, assure fulfilment of articles 13 and 15 of the Convention on the Rights of the Child, assure diffusion of the Convention by children themselves and improve educational levels. The evaluation methodology was stakeholder interviews. Overall, the project was both useful and popular with students and teachers. Newspaper articles were written by students aged 11 to 17 years. Sixty-seven per cent of students accessed the newspaper through posting on school walls and 28 per cent through teacher-led discussions. Although definite attribution of effect cannot be made since there is no baseline for comparison, 72 per cent of students interviewed mentioned education as a child's right, 48 per cent mentioned the right to live, 28 per cent the right to play and 21 per cent protection. In addition, 23 per cent of students could recall news related to their community and 17 per cent information about AIDS. There were problems with coordination, networking and monitoring from one of the implementing partners. Among the recommendations were wider participation (including more children) and networking between schools.

31. **General vision on the accomplishment of NGOs in the context of an evaluation of the programme of education.** The main objectives of this evaluation were to assess the internal organization, external linkages and programme

performance of NGOs and CBOs supported under the Mozambique basic education programme and UNICEF terms of collaboration with these partners. UNICEF would like to move beyond the provision of materials and staff salaries, and explore new initiatives. Evaluation methodologies included desk reviews; observations at project sites; focus group discussions; and interviews with children, teachers and other key informants. The evaluation made specific suggestions for programme improvements and also recommended a more holistic approach across programme sectors, increased cost-effectiveness, revised criteria for selecting NGO partners to improve outreach to vulnerable groups, and reinforcement of the UNICEF advocacy role.

32. **The gender and education programme: analysis of results, lessons and recommendations.** Gender and education was discontinued as a project in the UNICEF Mozambique country programme and replaced with a strategy that promotes gender equity as a cross-cutting dimension integrated into all educational support activities. The objective of this evaluation was to assess the results of the former project in promoting gender equity in basic education. Evaluation methodologies included document review, individual and group interviews, use of a reference group and stakeholder feedback meetings. Overall, the gender and education project was found to have played an important role in the development of a gender action plan and its inclusion in the national education strategy; in the establishment of gender units at different governmental levels; and in increased gender sensitization and management capacity of gender units. The number of female teachers hired increased by 17 per cent. Broadly, the evaluation recommended consolidating and moving beyond gains towards sustainability and practical applications.

Uganda

33. **Monitoring of learning achievement in lower primary: a report of the "breakthrough to literacy" evaluation study.** In May 2001, the Ministry of Education and Sports and its partners, UNICEF, the Institute of Teacher Education Kyambogo and the National Curriculum Development Centre began a pilot project in 100 classes called "breakthrough to literacy" (BTL). The BTL approach aims to develop functional literacy in local languages in 85 per cent of learners by primary grade 3, to establish a child-friendly learning environment and to ensure that learners are proficient in at least three selected life skills by end of primary grade 3. The evaluation was commissioned by the BTL Reference Group, which is responsible for oversight of the project. An assessment working group, headed by a consultant, conducted an analysis of the curriculum, and developed a test plan and learner achievement test. The survey development group conducted a content and sensitivity review of the questionnaires and interview schedules developed by the consultant. Methodologies for data collection included a context study, a survey of teachers, classroom observations and a learner performance assessment test. The evaluation results showed that the BTL methodology was a resounding success both in terms of increasing reading proficiency and in promoting child-friendly learning environments. BTL worked equally well with girls and boys. The evaluation recommended using the 100 pilot schools as lead schools for scaling up and further adapting the methodology for the Ugandan context.

34. **Integrated early childhood development (IECD) using an appreciative approach: a technical review.** This report is the first phase of an ongoing

evaluation process, carried out one year after IECD was introduced in Masaka, Uganda. IECD integrates health, nutrition, water, sanitation, psychosocial care, learning and protection. The report aimed to document the stories of the participants and describe the methodology they were using. A subsequent review will measure changes in child-care practices. The report introduces IECD in general and the specific approach being used in Uganda, which includes community management of childhood illness, a human rights-based approach to programming and appreciative inquiry as the primary form of community communication. The study methodology was a qualitative, assets-based participatory approach in which participant observers played a key role in eliciting other participants' stories. Field journals and tape recordings were used. An initial draft was discussed and improved by a review of key stakeholders. The report concludes that "the combination of appreciative inquiry and a multisectoral approach is a winning combination. The IECD project in Uganda is a bold initiative that has been particularly successful because it builds on existing institutions, structures and good practice at all levels from village to district". Participants felt that appreciative inquiry created the energy, commitment and creativity to respond wholeheartedly and responsibly to the needs of young children through IECD.

35. **Infant and maternal mortality: causes, interventions and strategy for the way forward**. Although Uganda has had high economic growth, decreasing income poverty and relative political stability over the last decade, infant and under-five mortality have increased and maternal mortality has fallen only slightly. All three rates remain high, with IMR and U5MR at 88 and 152 per 1,000 live births, respectively, and MMR at 505 per 100,000 live births. Uganda is one of eight countries in the world with the highest MMRs and is third highest in fertility rates. To address those problems, the Government set up a task force on infant and maternal mortality whose aim was to establish causes of mortality, identify critical interventions and review Ugandan policies. The research team identified 14 proximate and underlying causes of high mortality and linked these to policy gaps and programme weaknesses. The evaluation stressed that "what stands out clearly in Uganda is the low expenditure on social services relative to its economy and inefficient, unfocused and inconsistent use of resources in sectors that are most critical for mortality reduction". It is important that mortality receives more attention in Uganda's poverty eradication action plan and in the context of the Millennium Development Goals. Mortality is not just a health outcome; mortality reduction should be integrated into poverty reduction strategies in ministries and programmes dealing with health, energy, water and sanitation, local government, roads, agriculture, gender and education.

36. **Report on the situation analysis of sanitation and hygiene in internally displaced persons (IDP) camps in Bundibugyo, Gulu, Kasese and Kitgum districts**. This evaluation of sanitation and hygiene conditions in IDP camps in Uganda was carried out to obtain recommendations for improved services for the camp populations. The camps were mainly self-settled between 6 and 10 years ago due to war and other conflicts. The methodology included library search, interviews and observations. Overall, the evaluation found that conditions were "appalling [...] creating a negative impact on the health of women, children and persons with disabilities in particular". For example, although almost all residents obtain water from nearby protected springs or boreholes, there are long queues for water, and the amount available per person is substandard. Furthermore, water storage and use

practices are unhygienic. Excreta disposal is by pit latrines and in the bush. The number of pit latrines per person is way below standard, privacy is lacking and personal practices are unhygienic. Bathing and washing are done near water sources, and waste water is a hazard. Housing consists of very overcrowded, single-roomed grass huts with poor lighting, cleanliness and ventilation. Food relief distribution is sporadic, and 75 per cent of the populations in the camp are malnourished. Not surprisingly, water- and excreta-related diseases are prevalent. This evaluation helped the Ministry of Health to identify critical areas for interventions in the camps.

Regional: multi-country evaluations

37. **Young people, gender, sexuality and HIV/AIDS in education: synthesis report of studies in Botswana, Kenya, Rwanda, South Africa, the United Republic of Tanzania, Zambia and Zimbabwe**. Seven countries in the region undertook research to critically evaluate current pedagogies and materials used in HIV/AIDS and life skills educational programmes. The aim was to develop more appropriate and relevant practices and resources, and to train researchers to use research methods that were qualitative, gender-sensitive and centred on young people. The research methods varied from country-to-country, and included group and individual interviews, observations, diaries, essay writing, drama or community theatre, drawing and pictures. Participants were adolescent boys and girls both in and out of school. The Zambian researchers also included children as young as six years of age. The report presents striking findings which illustrate that young people will respond more positively, openly and productively if they are addressed as experts about themselves by friendly, non-judgmental researchers. Recommendations for improving life skills education included specific changes to curricula and teaching approaches, as well as ideas for involving parents, church leaders and the broader community. There were also recommendations for teacher training to encourage the elimination of gender discrimination against both boys and girls and to discourage gender stereotyping and a culture of violence. This synthesis report has been adapted into a book that will be published in 2003 entitled *Breaking Silence: Gendered & Sexual Identities and HIV/AIDS in Education*.

38. **Life skills education with a focus on HIV/AIDS: review of materials and annotated and alphabetical listings**. Complementing the young people, gender and sexuality study described above, the regional office undertook a quantitative assessment of some 60 life skills and HIV/AIDS educational materials from 12 countries in the region. The annotated and alphabetical listings are useful resources, and will be updated in 2005. Among the materials submitted, there was a scarcity of materials for peer educators and an absence of guides of teachers and facilitators. A quality checklist was developed that included six components, and each book or other material was assigned a score of 1 to 5 for each component. The assessment components were: knowledge/ content; gender sensitivity; methodology; behaviour change; attitudes; and skills. On average, Zimbabwe, Zambia and Uganda received the highest scores in every component assessed, while Lesotho, Ethiopia, Kenya and Botswana received the lowest scores. Gender sensitivity was an area of weakness for all countries, although material that had been developed recently tended to be better in this area. In cases where life skills information for the prevention and management of HIV/AIDS was incorporated into academic subjects such as science and biology, the participatory method was diluted or lost. This assessment reinforces

the qualitative findings described above. Much more needs to be done to develop and improve life skills material for students, teachers and peer educators. Examples from Zimbabwe, Uganda and Zambia can serve as models for other countries.

Conclusion

39. In conclusion, several important themes emerge from the present summary report: (a) programme approaches should maximize synergies produced by cross-sectoral, integrated approaches, with a specific focus on adapting to vastly changing country contexts; (b) listening and acting on the voices of children and youth, as well as of communities in general, are critical to HIV/AIDS prevention and improving the quality of education; (c) appreciative inquiry is a strong force for sustainable, participatory, community-based change; and (d) in the context of aiming for universal coverage, programmes need to make special efforts to reach out to the vulnerable, marginalized population groups.